

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 011024 FILING DATE FEB 5, 1987
 APPLICANT(S) Dale E. Fiere

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		1		1		1	53						
4		①		①		2	54						
5		2		2		2	55						
6		2		2		2	56						
7		1		1		1	57						
8		1		1		1	58						
9		1		1		1	59						
10		1		1		1	60						
11	1		1		1		61						
12		1		1		1	62						
13		1		1		1	63						
14		1		1		1	64						
15	1		1		1		65						
16		1		1		1	66						
17		1		1		1	67						
18		1		1		1	68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		3		3		TOTAL IND.						
TOTAL DEP.	17		17		18		TOTAL DEP.						
TOTAL CLAIMS	20		20		21		TOTAL CLAIMS						